



ADA Live! Episode 93: Aging, Disability and ADA - Know Your Rights

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Nick Nyberg: Hi. I'm Nick Nyberg, and you're listening to ADA Live.

4 Wheel City: (rapping) Yo. All right, let's roll. Let's go.

Barry Whaley: Hey, everybody. On behalf of the Southeast ADA Center, the Burton Blatt Institute at Syracuse University, and the ADA National Network, welcome to this episode of ADA Live. I'm Barry Whaley, Director at the Southeast ADA Center. As a reminder, listening audience, if you have questions about the Americans With Disabilities Act, you can use the online form any time at ADALive.org. America is aging. In the past 10 years, the number of people age 65 and older has increased by 35%. Today, there are over 52.4 million people age 65 and over. Estimates are by 2060, that number will jump to nearly 95 million. Of course, as we age, the likelihood of acquired disability increases, and with acquired disability, comes protections under the ADA.

So, joining us on this episode to talk about the needs and services of aging Americans, we are pleased to have Nick Nyberg. He is the Programs and Planning Division Chief at the Alabama Department of Senior Services, or ADSS. Nick, thanks for being with us. Welcome.

Nick Nyberg: Thank you, Barry. I appreciate you having me today.

Barry Whaley: Yes sir. So, Nick, I thought we'd start with maybe some legislative history. The Older Americans Act of 1965, I believe, was the first federal initiative aimed at providing comprehensive services for older Americans. Can you tell us a little bit about this law, and how it relates to the Alabama Department of Senior Services, as well as the Area Agencies on Aging?

Nick Nyberg: Sure. So, Congress passed the Older Americans Act, or as we call it, the OAA, in 1965, as you stated. This was in response to concern by policymakers about a lack of community social services for older persons. The intent of the OAA is to promote the dignity of older adults by providing services and supports that enable them to remain independent and engaged citizens within their communities. OAA funding is distributed to 56 state agencies. Of course, in Alabama, ADSS ... We are the state agency for Alabama. The OAA also funds over 200 tribal organizations, two Native Hawaiian organizations, more than 600 Area Agencies on Aging, and 20,000 local service providers.

While the OAA services are open to older individuals, generally defined as 60 and older, it focuses on offering assistance to persons with the greatest social or economic need, such as low income or minority persons, older individuals with limited English proficiency, and older persons residing in rural areas, which we have a lot of in the State of Alabama. The benefits of OAA programs are not just for older adults. They also support families by offering services to caregivers. They provide jobs in the health and longterm care sectors in local communities around the country. The supports funded by the OAA include a range of home and community-based services. These services, or as, sometimes, we say programs, help seniors stay as independent as possible in their homes and communities.

In addition, OAA services help seniors avoid hospitalization and nursing home care. As a result, this saves federal and state funds that otherwise would be spent on such care. As stated on the National Council on Aging website, or as we call them, NCOA, for more than 55 years, the Aging Network established and funded by the OAA has preserved the right for older Americans to live independently and with dignity. So, with that being stated, the Alabama Department of Senior Services, or as you stated, Barry, ADSS, as we are

known, we were created as the single state agency for receiving and dispersing the federal funds made available under the OAA, and to serve as the lead agency on programs for the aging population.

We work closely with the Administration for Community Living, or ACL, as we call them, within the US Department of Health and Human Services, to administer these OAA programs, and other grant programs, as well, that are outside of the scope of the OAA. These programs are funded by ACL, also the State of Alabama through appropriations, and the Alabama Medicaid Agency. These programs cover all 67 counties in the state. Because of the OAA, and the creation of the State Units on Aging, as we're called, in each state in the nation, the Area Agencies on Aging, or as we call them, the AAAs, were born to carry out the OAA services and other grant programs throughout the state. Each of the 13 AAAs provide these comprehensive services in conjunction with the Aging and Disability Resource Center screening and counseling program called One Door Alabama. So, that's how we came about, Barry.

Barry Whaley: That's interesting. So, I'm curious, Nick, that funding, is that based upon the number of people age 60 and over in each individual state, territory, and tribal land? How is that apportioned?

Nick Nyberg: That is correct. It is apportioned by the senior citizen population in the state.

Barry Whaley: Clearly, those states that have more older folks are receiving more funding to provide those necessary services to keep people living in their home, and living as independently as possible.

Nick Nyberg: That is correct.

Barry Whaley: Yeah. So, Nick, I imagine Alabama is similar to the rest of the country. We talked about the graying of America, that the population is aging. So, I'm wondering if you could give us the lay of the land in Alabama, as far as this aging population base, and along with people with disabilities, as well as what you guys at ADSS are projecting, as far as what the future looks like, and what your challenges are?

Nick Nyberg: Sure. So, certainly, challenges, because as you stated, in the State of Alabama, as well as all states in the country, the increase in population, or the projection of the increase in the older individuals population, is certainly high. In Alabama, the 2010 census, which would be the last census ... not completed. We've had one completed, but we don't have the current data. From the 2010 census, it shows that Alabama was home to, then, approximately 670,000 older citizens. When I say older citizens, for this particular data, would be age 65 and older. A lot of the OAA programs are for 60 and older. So, it would have been a little bit more than that.

If you look to current times, or at least from 2019, I had researched the American Community Survey. That shows an estimate for Alabama of approximately 1.12 million. That was the projection for 2019, which accounts for, out of that number, that accounts for 23% of Alabama's total population. Also, that estimate shows 36.5% has at least one disability. Approximately 22% are at or below 100% of the poverty level, and 2.5% speaks a language other than English. That may sound like a small number, 2.5%, but that's approximately 28,000 people to think about while we're outreaching to our target population, offering assistance.

The reason I mentioned those things about poverty level, and having at least one disability, and the language, English proficiency, is because that is really the directive, as far as targeting people. I'm not saying they're the only people in the state, or in states in the country that can receive help. But we certainly look to serve those folks. The University of Alabama Center for Business and Economic Research projects that the senior citizen population in Alabama will increase 83% by the year 2040. That's an enormous increase. Many are low income individuals, residing in rural areas. They are certainly living longer, and with more complex and chronic health conditions. With this tremendous growth in the population, and because dignity, independence, and individual choice are of great importance, Alabama certainly faces a challenge due to a lack of, and strain on, current resources that are needed to care for the aging population, and people with disabilities.

Obviously, as I believe any state agency within the social service realm would say, funding is a factor, amongst other challenges, for sure. But it is certainly a critical factor. Because of the growing needs of older adults, people with disabilities, and caregivers, social programs, families, businesses, and healthcare systems are all under pressure. Home and community-based care is much more cost-effective than longterm care, facility care, but funding has not kept pace with the growing needs throughout all communities. The state, and other states in the nation, probably would say the same. Alabama will continue as best as we possibly can to advocate for home and community-based programs, as people want to stay in their homes and communities for as long as possible. OAA programs save the state and federal government dollars.

Barry Whaley: Yeah. That creates a critical situation, as the population continues to age, based on your projections, and then that money just needs to keep pace with that. That's interesting. Thanks, Nick. Let's turn back and stay with this issue of funding and providing services. Can we be more specific in what services are available? How do people find them?

Nick Nyberg: Sure. So, we provide a lot of different types of services in the state. It's more important for me, now, to really understand, in the realm of aging, of where I work, how people are able to get the help that they need, and where to turn, and how to access that? What are the eligibility criteria for that? As I've talked about before, I'm currently going through this future planning of care phase now with my dad, because the things he was able to do, he no longer can. It's quite a challenge. It gives me an entirely new appreciation for, first, those that have to go through with this, and learn new ways to adjust, and to cope with their new life, and for caregivers. Bless them for what they do to care for their loved ones, because I'm certainly in that realm of caregiving now.

With that being said, talking about the OAA of 1965, or the Older Americans Act, the Older Americans Act is split up into different title sections. Within the realm of aging and disabilities, you have Title II, you have Title III, Title V, and Title VII. All of these encompass different services for folks to be able to live in their homes and in their communities. Under the Title II of the OAA, we actually have what's called the Aging and

Disability Resource Center Program. This is very important that I mentioned this, about the ADRCs. All 13 AAAs in our state are certified ADRCs. They are designated ADRCs. What that is, it's a one-stop-shop for individuals who are seeking longterm support services.

So, the ADRCs, or the AAAs, are that visible and trusted source of information to receive one-on-one counseling access, for folks to be able to access the different services that are provided, the different state benefits that we screen for, federal benefits, things like that. Because longterm support services, to minimize confusion and to enhance individual choice, and to support informed decision making, we believe that to be very important. Matter of fact, we're very focused on participant-directed, person-centered planning, to make sure that independence and dignity that people try to hold onto for as long as possible, that we certainly keep that in mind and work with people to access the services that they need.

We have supportive services. That would be in-home assistance. Someone may get to a point where they're unable to tidy up and clean their home, or provide their own personal care and personal hygiene, or even chore services outside of the home, within their yard. We provide services for that. Adult daycare, for folks that may want to get out of their house for a day, or two days, or more. Of course, COVID-19 has halted that for right now, but we're very hopeful that'll come back. Then legal assistance, we're very big on educating seniors throughout the state about the importance of having a wheel, and having an advanced directive. So, that's a no-cost service under OAA Title III.

Then transportation, to be able to help people get to doctor's appointments, to the grocery store, to the local senior centers. That sort of thing is very important. Also, nutrition services. A lot of folks that may listen to the podcast have heard the term Meals on Wheels. We actually call it Homebound Meals, through the OAA. The purpose for that is to reduce hunger and food insecurity, which is big in the population of seniors. And to promote socialization. We have approximately 330 senior centers in the state that we provide congregate meals, where people are able to go and be put into a social setting, and have a meal. If they're homebound, they can receive a home-delivered meal. Also,

within that setting, they can receive nutrition education and counseling, which is important to promote better health, and things like that.

We do evidence-based health promotion programs. The purpose, there again, promote healthy living and healthy aging, to develop skills to prevent falls, to manage chronic conditions, to manage depression, medications. Some examples of classes offered throughout the state would be Tai chi for arthritis and fall prevention, chronic disease self-management, matter of balance, all these different classes that can help people. Then also, caregiver support has been mentioned. The National Family Caregiver Support Program, as it's called, is a Title III OAA program. It is a support system for caregivers, so they can help their families sustain their efforts in caring for their loved one, whether that's an older individual, or a child, or another relative.

Then also, we have a senior community service employment program. This is the only federally funded employment program for low income older persons. It's a fantastic way for someone who wants to get back into the workforce to have that community service, and to also be provided with work-based training, whether that's help with resumes, how to interview, things like that. It's a really important program. Then also, the Ombudsman Program, State Long-term Care Ombudsman. We have, of course, longterm care facilities, nursing homes, assisted living facilities. The people that reside in the facilities, they need an advocate. We're very big on making sure we educate people, that they still have rights, they still have a voice. That should not be taken away from them.

So, that is something else that we work on, as well. Then other grant programs, Barry, outside the OAA, our biggest program would be the Medicaid waiver programs that are the programs designed specifically to help people stay in their home, as opposed to go into a longterm care facility, and people are able to receive homemaker personal care service, home-delivered meals, adult daycare, all these sorts of things that I mentioned for the OAA program. We do medication assistance. We do Medicare counseling. We do Medicare fraud prevention, detection, reporting, all kinds of different things to help people within their homes, and as a community service, as well.

Just to wrap that up, as far as services, for anyone who may listen and need access to services, if they're in Alabama, we have a toll-free phone line, 1-800-AGE-LINE. That's A-G-E-L-I-N-E. The numbers would be 1-800-243-5463, or they can visit our website at www.alabamaageline.gov. If anyone in other states listen to this, they can contact and find their State Unit on Aging in their state, or their Area Agencies on Aging, through what's called the Elder Care Locator. This is a service provided by the Administration for Community Living. That telephone number is 1-800-677-1116, or they can visit their website at www.eldercare.ACL.gov, G-O-V.

Barry Whaley: What a comprehensive list. Thanks, Nick, for sharing all that. I'm wondering about ... You had mentioned rural areas. Of course, I'm in Kentucky. There's a lot of rural areas. There's a lot of rural areas in Alabama, and throughout the Southeast. How are they delivered in rural areas? What do you do to ensure that aging people in those areas are not isolated?

Nick Nyberg: Well, we certainly do a lot of extended outreach and marketing throughout the state. We try to utilize the tools that are prevalent in rural areas to make sure that we are getting the word out, as far as how to contact us, what kind of services that are available, what kind of eligibility criteria? We have the AAAs in the state. Their team are out in the communities that they serve, often. Of course, that has been halted, somewhat, because of COVID, but as I've stated before, hopeful to get back to that. They are going out into all communities in the state, but especially these rural areas, and providing, whether it's workshops, or health fairs, or training opportunities.

Then also, I think one of the most important things for reaching rural areas is throughout all communities, and in rural areas, in each state, you have lots of community-based nonprofit agencies. You, of course, do have local agencies that are affiliated with a grand state agency, that are located in all counties in Alabama, which we have 67 counties in our state. We encourage the AAAs to stay in close contact and become very aware, relationally, with those that work at those community agencies, because those community agencies, they're grassroots. They're hitting the ground floor. They're out into the communities, as well, and they have many people, whether it's older individuals, people

with disabilities, caregivers, just families, coming into their offices for something. We make sure that we are getting information about all the services that we provide into the hands of those people.

Barry Whaley: Right. Thanks, Nick. So, ADA listening audience, if you have questions about today's topic, or any other ADA Live topic, you can submit your questions online at ADALive.org, or you can call the Southeast ADA Center. Our number is 1-404-541-9001. So, we're going to stop for a moment for a word from our sponsor today, the Alabama Department of Senior Services.

Commerical: The Alabama Department of Senior Services, ADSS, is a cabinet-level state agency that administers programs for senior citizens, people with disabilities, and caregivers. The mission of ADSS is to promote the independence and dignity of those we serve through a comprehensive and coordinated system of quality service. ADSS is charged with carrying out the provisions of the Older Americans Act of 1965, as amended, and works closely with the Administration for Community Living, ACL, within the US Department of Health and Human Services, to achieve this goal. More information on the Older Americans Act can be found on the ADSS website and the ACL website at www.acl.gov.

Barry Whaley: So, welcome back, folks. Before the break, we were talking about aging. We were talking about disability with Nick Nyberg. Nick, you had mentioned that you are, in fact, a caregiver for an aging parent. We know that caregiving often becomes a need for any older person. Could you please talk more about that important role? We have, as the population ages, more and more people who are becoming caregivers now.

Nick Nyberg: Sure. Absolutely. So, caregivers is not a role that we ever really define for ourselves, because it just happens. As I was talking about being a caregiver for my dad, in that instance, it was such a sudden thing, a sudden happenstance, to flow into that role really quickly as a caregiver. It just happened. So, it's hard for us to just say that it is just a role that we can define for ourselves. I read a quote from Rosalynn Carter that says it best, really. It says, "There are only four kinds of people in the world: those who have

been caregivers, those who are currently caregivers, those who will be caregivers, and those who will need a caregiver."

I think that she said it very well. Anyone can become a caregiver suddenly, and without warning, in fact, or in many situations, the caregiving role evolves slowly over time. Caregiving impacts a multitude of things. Longterm care. It affects workforce labor availability and productivity. The state and federal economic wellbeing. Individual retirement and aging in place options. Of course, caregiver physical and mental health, and quality of life for individuals and their families. Present day family infrastructure is vastly different than in past decades. Therefore, individuals, policymakers, and the community at large are not really prepared for this phenomenon. Although, we are working hard to become prepared.

All caregiving situations are different, but they share one common mission, which is to love, commit, and support the quality of life for someone who is special in their life journey. Family and friends provide the bulk of support to individuals, of any age, with various physical, mental, and healthcare needs. Although, most citizens believe longterm services and support are provided by public programs and private insurance. That is just not the fact. Studies show that 75% of the care at home is provided by informal caregivers, who provide such things as meals, medical or personal care, housekeeping, transportation, and even financial assistance.

There's an AARP report titled Valuing the Invaluable that I've thought to be very insightful. It relays in that report that there are, specifically for Alabama, 761,000 caregivers that are providing over an estimated 708 million hours of care. Now, economically, that comes out to about \$7.72 billion. Being a family caregiver for a spouse, or a child, or a parent, or any loved one, takes significant time, energy, and hard work.

Barry Whaley: You had mentioned that this can come on suddenly, like in your case. All of a sudden, your roles are changed, and you have to adjust your schedule. That must put tremendous pressure on your work life, on your family life, on all aspects, when you take on these roles. I'm wondering what supports there are for people who are the caregivers?

Nick Nyberg: Sure. So, when the need happens, first, many individuals do not know where to turn for support, as I've mentioned before. Really, little support is readily available in the forms of education, and counseling, and respite and financial assistance. ADSS, through the 13 AAAs in the state, certainly provide caregiver support through two different programs. I've mentioned one earlier, as one that falls under the OAA Title III, and that is called the National Family Caregiver Support Program. This became available in 2000. It was established to help families sustain their effort to care for an older individual, or a child, or a relative with severe disabilities.

Now, in Alabama, and I know it's different throughout each state, here in Alabama, we call it the Alabama Cares Program. We provide the oversight of this program as it is carried out through the 13 AAAs in the state. Now, Alabama Cares, the Cares stands for Caregiver Assistance, Respite, Education, and Supplemental Services. Our department works in partnership with the 13 AAAs, and local community service providers, through contracts. They provide these categories of services. There's five categories I'll just briefly go into.

Information to the caregivers about available services. As I've stated a couple of times before, a lot of times, people do not know where to go for support, and certainly, we're always outreaching in marketing throughout the state with our contact information, whether it's directly to our agency or to the 13 AAAs. The information, of course, is readily available, and counselors are on hand, ready to help someone access services, to receive the services that they require. Another would be the assistance to the caregivers in gaining access to those services, as I stated. One thing that we believe very important, in regarding being a caregiver, is education, is counseling, and helping to organize support groups throughout the state, and even caregiver training. So, those are services that are provided through our caregiver program.

Then respite care. Respite, for folks who may not know the term, is a short period of rest or relief from something difficult. We realize that caregivers do become stressed in the care that they are providing. They need a short break sometimes. So, this program pays for an aid to come into the home, to allow the caregiver to take a break, whether that's

staying there at the house and going in the back and taking a nap, or watching a movie, or they need to head out the door to go to the grocery store, things like that, to help a caregiver.

Finally, supplemental services. This is on a limited basis. Although, it's very well-received and very well-needed. Supplemental services would be supplies, such as incontinence supplies, or meals even, or nutritional liquid supplements, or medical equipment. Sometimes people have a challenge where they're unable to walk, or have difficulty with walking, and need a wheelchair ramp built. Personal emergency response system for someone that may fall. Things like that fall under the realm of supplemental services.

Barry Whaley: Got you. Yeah.

Nick Nyberg: Yeah. We also have another program that's a competitive grant program, that we started back in, I believe, 2009, that we're still carrying today. It's called the Lifespan Respite Grant. Here in Alabama, we call it Alabama Lifespan Respite. It is another way for someone to receive the training, and counseling, and education, and even respite. Now, the difference in that program that's really neat is they provide these universal respite vouchers. The funding provided to those vouchers, the person needing the care can use those funds to pay a neighbor or a family member instead of having someone come from a service provider, into their home, which is pretty neat, as well.

Barry Whaley: I see. That's great. Yeah. That offers a great deal of flexibility. So, you mentioned this earlier, and it's really the elephant in the room, Nick. Really would be remiss if we didn't discuss how the pandemic has affected services to older Americans, and the lives of older Americans. Let's start with what's been the impact for people age 60, 65, and older?

Nick Nyberg: Goodness. Where to start with this? Probably go straight to social isolation, which is the biggest. That has definitely affected older Americans, or in our case, older Alabamians. I'm certain that anyone working in the field of aging would probably first say social isolation. Take, for example, the nutrition services program, where older individuals attend a local senior center where they live. Many, many of these older individuals have

been attending a center for years. Day-to-day, they wake up, they prep for the day, whether doing it on their own or utilizing assistance, and they either drive or are picked up by a local transportation service, and head off to probably three to four hours a day of social engagement, which is so important, and receive a meal while they're there.

Then all of a sudden, the COVID-19 pandemic hits. That steady, daily operation ceases. It has to be hard. So many people, so many live alone, as well. So, that sudden shift of being involved in something so great coming to a halt can certainly be devastating. This has most certainly impacted thousands in Alabama, as we have thousands that attend the roughly 330 senior centers in the state. That equates to much more throughout the country, thousands and thousands of people. With that being said, I always try to do a flip side version of something that's negative and think of the positive, as well.

This sudden shift has certainly brought communities together, families together, and so on, as they try to work on how to combat this pandemic, and how to still receive socialization and continue forward. People are fighting to keep it going. Changes are a must because of this. But for instance, in Alabama, I mean, I hope throughout the country, meals are an integral, very important part of what we do in the state. Those meals have still resumed, albeit served in a different way. Services are still rendered in the home, but in a safe way, and also, in a way of personal choice, as I talked about a minute ago, through that Lifespan Respite Program. Someone being able to use the funding to pay a neighbor, or even a family member that's already there caring for them. It's a good way for someone to receive service.

That personal choice to use that financial assistance to pay a family or a neighbor is even more so important because, as we've seen during COVID-19, a lot of people are fearful of allowing someone from one of these contracted direct service providers into their home, and also employees of the direct service providers have dropped off because of the fear of entering the home. So, it's been a challenge. The people themselves, it's a complete shift, as I stated, and happening right in front of us. I see positive results coming out of such a negative situation that has come in the form of this pandemic.

Barry Whaley: Yeah. So, with many things, as you say, it's we've found different ways, or new ways, of delivering services, of keeping connected. So, that's great. Keeping with the theme of the pandemic, we know that older adults, people with chronic health conditions, people with disabilities are at greater risk. How has that changed the guidance that your agency is providing for both caregivers and older Americans?

Nick Nyberg: We've just looked for different ways, different ways to mold the programs, to still provide these needed services, but just try to do it in a different way. We've actually stepped up and are providing programs or services that we're not used to. Really, some of the services we provide, there's been a greater emphasis on services, such as the nutrition program. We have served many, many, many more meals in the State of Alabama because of the aspect of staying at home, because of the pandemic, and keeping away from other people and neighbors, and having to be in that isolation.

We have stepped up in the form of combating that social isolation that I mentioned. We started a robotic companion pets program to combat that social isolation. That's been well-received. The robotic companion pets, if you've never seen these before, it's really, really neat. The pets are, of course, robotic, but they have mannerisms, just like if you have a live pet. Especially with people with a form of dementia, it really has been beneficial to provide a program that we have never delved into before. It has been well-received.

We've worked on assisting people with their internet and mobile device bills to make sure that they don't lose what could be their only access to outside of their homes. We've provided financial assistance for groceries and grocery delivery. So, those groceries can come to their homes, and they don't have to leave their home. Because we know nutrition, of course, is very important. It's been challenging but worth it, as we so love helping what some may call the Greatest Generation, and we will continue to do all that we can to serve these folks.

Barry Whaley: So, moving away from the pandemic, we're in May. It's Older Americans Month. What about the theme for this year, and about May, this recognition of Older Americans Month?

Nick Nyberg: So, Older Americans Month, this year, in 2021, is titled Communities of Strength. Just to give some background on the Older Americans Month, this was actually established back in 1963, even before the Older Americans Act was established under the Lyndon B. Johnson administration in 1965. At that time, in 1963, only 17 million living Americans had reached their 65th birthday. We're talking about many more today. That was long ago. About a third of older Americans lived in poverty then, and there were few programs to meet their needs, as opposed to what we're looking at today, as far as providing help.

Interest in older Americans and their concerns was certainly growing. Then in 1963, at that time, under the administration of President John F. Kennedy, and also, members of the National Council of Senior Citizens, they got together and created this Senior Citizens Month, which preludes to what we call it today, Older Americans Month. Historically, Older Americans Month has been a time to acknowledge the contributions of past and current older persons to our country, especially those who have defended our country. Every president since Kennedy has issued a formal proclamation during or before the month of May, asking the entire nation to pay tribute, in some way, to older persons in their communities.

Older Americans Month is celebrated across the country through different ceremonies, events, fairs, all kinds of different activities. Every May, ACL, the Administration of Community Living, leads our nation's observance of Older Americans Month. As I stated, the theme for this year is Communities of Strength. Older adults have built resilience and strength over their lives, through successes, failures, joys, and difficulties, and even more so during this COVID-19 pandemic. Their stories and contributions help to support and inspire others.

So, this Older Americans Month, we will celebrate the strength of older adults, and the Aging Network, with special emphasis on the power of connection and engagement, and building strong communities. There are many things we all could do to nurture ourselves and reinforce our strength, continue to thrive. Connecting with others is one of the most important. It plays a vital role in our health and our wellbeing, and in that of our

communities. From finding joy in small things and sharing our stories to looking at the big picture and giving to others, we ask people to join all states in promoting the ways that we are connected and strong.

I have to say, as personal experience, and working in aging going on about 17 years now, I've had the privilege and opportunity to be a part of and to attend several Older Americans Act activities, or I'll say Older Americans Act parties, in May of each year. It is extremely rewarding to see many, many, in the events that I've been a part of, hundreds into the thousands of senior citizens, and people with disabilities. It doesn't necessarily have to be a senior citizen, because we're celebrating all who are living in their homes and communities, and want to stay there, and be independent, and have that dignity.

With that being said, just the privilege and the enjoyment that I have seen where people attend Older Americans Month activities in May, and dance, and party, and have meals, and live bands, and games, and photo booths, and just all the things I've seen, it is just an awesome thing to see the smiles on people's faces.

Barry Whaley: That's great. What a great theme for this year's Older Americans Month, Communities of Strength. Certainly, the last year has proved that. Nick, thank you for the work you do. Thank you so much for being with us today. We're so grateful you could take the time to share your insights and talk about the important work of ADSS, the Alabama Department of Senior Services. We want to thank you, ADA Live listeners, for joining us for this episode. You can get access to all ADA Live episodes on our website at ADALive.org.

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ADA Live is a program of the Southeast ADA Center. Our producer is Celestia Ohrazda, with Beth Miller-Harrison, Mary Morder, Emily Rueber, Marsha Schwanke and Barry Whaley. Our music is from 4 Wheel City, the movement for improvement. See you next episode and be safe everybody.

4 Wheel City: (rapping)

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